

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36591

State File No. _____

FILED NOV 28 1950

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3014</u>		Registrar's No. <u>130</u>	
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>10yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u> <u>0352</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>306 Anthony St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lela</u>		b. (Middle) <u>Bell</u>		c. (Last) <u>Lane</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov.</u> <u>15-</u> <u>50</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 22nd, 1903</u>	
9. AGE (in years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Hollywood Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Frederick Burgess</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Jones</u>		14. NAME OF HUSBAND OR WIFE <u>James Lane</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>X</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Lane 306 Anthony St. Kennett</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>5 1/2 X</u>	
19a. DATE OF OPERATION <u>1</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept. 1, 1947</u> , to <u>Nov. 15, 1950</u> , that I last saw the deceased alive on <u>Nov. 15, 1950</u> , and that death occurred at <u>3:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul S. Davis M.D.</u>		(Degree or title)		23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>11-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 17-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lulu Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hollywood Rural</u>	
DATE REC'D BY LOCAL REG. <u>11-17-50</u>		REGISTRAR'S SIGNATURE <u>Paul S. Davis M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lenta Derwee Kennett Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-20-50

COUNTY FILE NUMBER 1150-311

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Licensed Embalmer No. 4433

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.